MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/291 347

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7				4			57							
8				4			58							
9				4			59							
10				4			60							
11				4			61							
12				4			62							
13				3			63							
14				3			64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
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31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38			1				88							
39				1			89							
40			1				90							
41			1				91							
42				1			92							
43			1				93							
44							94							
45			1				95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			5				TOTAL IND.							
TOTAL DEP.			32				TOTAL DEP.							
TOTAL CLAIMS			37				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS